

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**  
See Instructions for "Service of Process by the U.S.  
on the reverse of this form.

rshal"

PLAINTIFF <b>Tony B. Gaskins, Pro se</b>		COURT CASE NUMBER <b>05-CV-10858-GA</b>	
DEFENDANT <b>UMass Correctional Health Services</b>		TYPE OF PROCESS <b>Civil</b>	
<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE <b>Dr. Carl Singletary</b>		CONDEMN
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>HCI-Cedar Junction, Route 1A, South Walpole, Ma. 02071</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	
<b>Tony B. Gaskins</b> <b>HCI-Cedar Junction</b> <b>P.O. Box 100</b> <b>So. Walpole, Ma. 02071</b>		Number of parties to be served in this case	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Telephone Numbers, and Estimated Times Available For Service):			
Normal business hours at the prison or at his employer: UMass Correctional Health Services, One Research Drive-Suite 200, Westborough, Ma. 01581			
Signature of Attorney or other Originator requesting service on behalf of: <i>Tony B. Gaskins</i>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>n/a</b>
			DATE <b>8/05</b>
<b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE</b>			
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>38</b>	District to Serve No. <b>38</b>
Signature of Authorized USMS Deputy of Clerk <i>Nancy Salamea</i>			
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address in set			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)			
Name and title of individual served (if not shown above) <b>Ken Clacherty Health Services Administrator</b>		<input type="checkbox"/> A person of suitable age and discretion then residing in usual place of abode.	
Address (complete only if different than shown above)		Date of Service <b>9/9/05</b>	Time <b>09:30 am</b>
		Signature of U.S. Marshal <i>Don Freeman</i>	
Service Fee <b>45.00</b>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges
			Advance Deposits
Amount owed to U.S. Marshal or		Amount	
		Refund	
REMARKS:			

## UNITED STATES DISTRICT COURT

FOR THE

District of

MASSACHUSETTS

Tony B. Gaskins, Plaintiff

SUMMONS IN A CIVIL CASE

V.

UMass Correctional  
Health Services, et al.,

Defendants.

CASE NUMBER:

05 10858 GA )

TO: (Name and address of Defendant) Dr. Carl Singletary, MCI-Cedar Junction,  
Health Service Unit, P.O. Box 100, South Walpole, Ma. 02071

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Tony B. Gaskins, Pro se, MCI-Cedar Junction, P.O. Box 100,  
South Walpole, Ma. 02071

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

SARAH A. THORNTON

CLERK

DATE

(By) DEPUTY CLERK

August 4, 2005